SERIAL NO MULTIPLE DEPENDENT CLAIM FILING DATE FEE CALCULATION SHEET APPLICANT(S) (FOR USE WITH FORM PTO-875) **CLAIMS** AFTER AFTER AFTER **AFTER AS FILED AS FILED** 1"AMENDMENT 2 [™] AMENDMENT I" AMENDMENT 2 ™ AMENDMENT IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. TOTAL TOTAL IND. IND. TOTAL TOTAL DEP. DEP. TOTAL TOTAL CLAIMS

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